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Programme Committee
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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Cameroon

The Executive Director recommends that the Executive Board approve the country programme of Cameroon for the period 1991 to 1995 in the amount of $4,900,000 from general resources, subject to the availability of funds, and $5,665,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

THE SITUATION OF CHILDREN AND WOMEN

1. Despite the fact that it is considered a middle-income country whose per capita income in 1988 was $1,000, Cameroon has experienced tremendous economic difficulties in the past five years. Since 1986, the drop in prices of the country's main exports (petroleum, coffee and cocoa) and other factors have plunged the economy into a serious recession. Between 1985 and 1987 public revenues declined and, for the first time in the country's history, the budget showed a large deficit. The purchasing power of the population as a whole has eroded and it is estimated that 30 per cent of the population currently live below the poverty line.

2. To deal with the crisis, the Government embarked on a vast structural adjustment programme (SAP) designed to liberalize the economy and stabilize public spending through austerity measures, particularly in the social sectors; reorganize and overhaul public enterprises; and enhance efficiency and streamline and modernize the administrative machinery. The Government has also introduced a programme to fight poverty and the adverse effects of structural adjustment. This programme has a component designed to evaluate the social impact of adjustment, supported by the World Bank, whose purpose is (a) to help to protect vulnerable segments of the population, particularly the groups directly affected by the economic crisis and the adjustment measures; (b) to encourage participation of the poorest population groups in the economic recovery programme; (c) to encourage institutionalization of these concerns; (d) to support a fundamental reform of social-sector policies; (e) to implement immediately an action programme to meet the most pressing needs in such areas as health, education and employment; and (f) to provide institutional support to the above-mentioned actions.

3. In 1989, the infant mortality rate (IMR) was estimated at 93 per 1,000 live births, an improvement over the rate of 107 per 1,000 recorded in 1980, but still very high for a middle-income country. The main reported causes of death were measles, neonatal tetanus, malaria, diarrhoeal diseases and acute respiratory infections (ARI). In 1989, the under-five mortality rate was estimated at 58 per 1,000 live births. According to data for 1985, the principal causes of mortality in that age group were measles, malaria and ARI.

4. Breast-feeding is nearly universal. According to a survey carried out in 1978, the prevalence of malnutrition in the 0 to 5 years age group was 22 per cent, of which 1 per cent was serious. However, according to a more recent survey (covering the period 1982-1989) the situation would appear to have deteriorated considerably. Some 40 per cent of children between the ages of six months and five years old are estimated to be anaemic.

5. In 1987, the maternal mortality rate (MMR) was estimated at 300 per 100,000 live births; other estimates put the rate at 430. Approximately 57 per cent of all deliveries take place in health units. The main causes of maternal mortality are haemorrhage, medical complications, infection, anaemia, eclampsia and rupture of the uterus. The only figures concerning malnutrition

among women come from a national nutrition survey carried out in 1978, which revealed chronic undernourishment and inadequate calorie and lipid reserves. A large proportion of pregnant women suffer from specific deficiencies such as iron and iodine deficiency.

6. The report on the five-year review of the programme to combat acquired immunodeficiency syndrome (AIDS), which took place in October and November 1990, provides the latest available data. Surveys to determine the prevalence of human immunodeficiency virus (HIV) infection have shown that the mode of transmission was heterosexual, involved only the HIV-1 strain of the virus and affected young adults in particular, especially women and particularly those in urban areas. The prevalence rates, although relatively low, appeared to be higher than those observed in 1987 and 1988. About 100 cases of AIDS have been officially reported. However, the programme review report pointed out that, bearing in mind the prevalence of HIV infection in the sexually active population (those between 15 and 45 years old), the actual number was more likely to be between 300 and 400.

7. Although Cameroon has one of the best health infrastructures in the region, the level of access to health services is not exactly known. Moreover, most health units are not operational, generally because of the shortage of essential drugs and inadequate operating budgets. The health budget, shrinking since 1985, currently accounts for 4 per cent of the nation's total budget and is devoted almost entirely (82 per cent) to personnel costs. It is estimated that at least 70 per cent of the population have no access to safe drinking water, which explains the high rate of water-borne diseases. With regard to sanitation, 50 per cent of the population have access to collective or individual latrines, but great disparities exist from one region to another.

8. The school enrolment rate for children aged 6 to 12 years in 1987 was high (80 per cent). The enrolment rate for girls, at 74 per cent, however, was lower than that for boys, at 85 per cent. Moreover, drop-out rates are high, particularly among girls, and large enrolment disparities exist beteen the regions.

PROGRAMME COOPERATION, 1986-1990

9. Programme cooperation for the period 1986 to 1990 was designed to meet the basic needs of the rural population for primary health care (PHC); safe drinking water supplies and sanitation facilities; income-generating activities for women; and training and educational opportunities. The programme had the following components: health; rural water supply; sanitation; advancement of women; and community and family services. Implementation focused on two major areas: (a) the provision of training, equipment and logistics support to strengthen the capacity of national services directly concerned with the situation of children and women; and (b) the provision of services and equipment directly to target populations.

10. Because the economic crisis has jeopardized the Government's financial participation in planned activities, UNICEF has assumed certain operating costs that were initially the Government's responsibility. UNICEF financial commitment for the duration of the programme was approximately $7.5 million, including more than $4 million in supplementary funding, and a special appropriation of close to $2 million granted to accelerate the expanded programme on immunization (EPI) with a view to achieving the goal of universal child immunization (UCI) by 1990.

Health

11. Within the framework of the health programme, UNICEF pledged to support the Government in its efforts:

(a) To extend PHC infrastructures in 1,500 villages by providing training and retraining for community health workers and by establishing, by 1990, a mechanism for supplying village health committees with essential drugs;

(b) To provide 100 per cent immunization coverage against tetanus for children aged 0-5 years and for pregnant women;

(c) To combat diarrhoeal diseases among young children by disseminating knowledge of oral rehydration therapy (ORT);

(d) To institute in all medical and paramedical health facilities effective growth monitoring for children aged 0-5 years;

(e) To encourage breast-feeding, producing and disseminating appropriate weaning foods based on local produce;

(f) To eradicate the major endemic diseases, extend health education in schools and promote birth spacing.

12. Nearly 500 health workers have been trained and UNICEF has provided approximately 8 million doses of polio vaccine, 2.6 million doses of anti-tuberculosis vaccine, 200,000 doses of measles vaccine, 5.6 million doses of combined diphtheria/pertussis/tetanus vaccine, 4.3 million doses of anti-tetanus vaccine, 500,000 refrigerators and a substantial quantity of injection and sterilization equipment. On average, 200,000 packets of oral rehydration salts (ORS) were provided each year, a very small number compared with the need (3.5 million packets a year), however. The Ministry of Public Health has received from UNICEF 1,100 baby scales and 150,000 growth charts and a large quantity of audio-visual materials with accessories, to improve health education services.

13. After 15 years of EPI, immunization coverage of children aged 0 to 11 months and women of child-bearing age has unfortunately not shown sustained effects. Although the incidence of measles, poliomyelitis and whooping cough declined substantially after a national immunization campaign in 1986 to 1987, the incidence of measles rose 39 per cent and that of poliomyelitis

136 per cent in 1988. The high incidence of neonatal tetanus changed very little - more than 300 cases were reported in 1987 and 1988.

14. The campaign for control of diarrhoeal diseases (CDD) by means of ORT was launched in 1987, with the organization of training seminars for health personnel and the provision of ORS sachets to health centres. However, despite the actions taken, the incidence of diarrhoeal diseases remains high. Moreover, only some 30 public health clinics have an ORT unit.

15. Activities to combat malnutrition have not yet produced the expected results. Despite the abundance of foodstuffs, few families eat balanced diets. Growth monitoring has so far been the only tool in the fight against malnutrition, and the vital aspect of education has not received the attention it deserves.

Rural water supply systems and sanitation

16. To provide drinking water for 200 villages, 200 wells were to be dug and simple sanitation systems were to be constructed. UNICEF contributed equipment, building materials and implements, transport and financial resources for training, leadership and technical assistance. However, only 70 per cent of the wells and 65 per cent of the latrines were completed, owing to (a) the economic crisis, which prevented national partners from making a matching contribution for the programme; (b) discontinuity in both UNICEF and government management; (c) a centralized system that did not take full advantage of locally available initiatives and skills; (d) generally insufficient coordination and guidance; and (e) a lack of health education.

Advancement of women

17. The programme's objectives were (a) to increase the productivity and profitability of women's production activities through the application of appropriate technologies; (b) to promote product marketing techniques and cooperative management in women's activities; and (c) to strengthen rural leadership programmes and activities carried out in women's centres. Little monitoring was carried out by either the Ministry of Social Affairs and the Status of Women or UNICEF, whose input was limited to the provision of supplies and financial resources.

Community development

18. The goal was to promote people's participation, individually and collectively, in the planning, execution and monitoring of health and social development activities by training community development workers, supplying them with teaching materials and equipping social centres. Although the training of village leaders was supported and logistical means were provided to implement and monitor activities, the programme achieved only limited results, owing to a certain overlap with the programme for the advancement of women and a lack of follow-up.

Lessons drawn from past experience

19. The economic crisis spurred alternative ways to sustain development activities, including strategies such as grass-roots development, cost recovery, decentralization, community participation, self-sustaining financing and the adoption of the Bamako Initiative. Some difficulties encountered in implementing the programme included: (a) unequal distribution of basic infrastructure and social services, thus limiting access, particularly in rural areas; (b) problems with intersectoral cooperation at the grass-roots level and with development and coordination committees at all levels (village, district, department and province); (c) limitations on government contributions and lengthy and difficult administrative procedures; (d) insufficient decentralization of responsibilities and poor management skills of staff; and (e) the socio-economic requirements of SAP, which thwarted the Government's expressed intent to improve the situation of women and children, as demonstrated by its adoption and implementation in 1990 of a project on the social dimensions of adjustment and by the creation of a Ministry of Social Affairs and the Status of Women.

RECOMMENDED PROGRAMME COOPERATION, 1991-1995

Recommended general resources: $4,900,000
Supplementary funds: $5,665,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	2 363	2 920	5 283
Water supply, sanitation and hygiene	830	1 850	2 680
Education	857	580	1 437
Social mobilization	480	315	795
Programme support	370	-	370
Total	4 900	5 665	10 565

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Preparation of the programme

20. The country programme was based on an analysis of the situation of women and children, national policies and priorities, the mandate and priorities of UNICEF and an evaluation of previous cooperation. Also taken into account were the economic crisis; the institutional capacity of national partners; the probable impact on target groups; popular participation; and cooperation with other agencies.

Purposes and objectives

21. The programme aims to preserve and strengthen the gains of previous programmes and to broaden and intensify activities in the priority sectors of health, education and water supply and sanitation. The objectives are (a) to reduce IMR from 93 to 63 per 1,000 live births by 1995; (b) to reduce MMR by 30 per cent by 1995; (c) to reduce by at least 60 per cent the rates of infant mortality and morbidity from EPI target diseases; (d) to help to ensure universal access to maternal and child health care and to the most common medical treatments; (e) to promote greater participation by communities in the planning and management of self-sustaining grass-roots development activities; (f) to eradicate dracunculiasis (guinea-worm disease) by 1993; (g) to improve access to safe drinking water and to improve environmental sanitation in the southern and extreme northern provinces of the country; (h) to improve education and training for rural women and young people; and (i) to work with other national and international agencies to help to control AIDS.

Programme strategies

22. The programme's multisectoral approach will be integrated at the grass-roots level, involving the health centre, the water point, the social centre or women's centre, small farming districts and sporting or cultural activities. The programme will attempt (a) to enhance the population's awareness in order to increase involvement in activities; (b) to promote community financing of activities as the only way to ensure the continuation of services; and (c) selectively to support regional and central technical services. The programme will also cooperate closely with the principal agencies involved in the areas covered by the programme.

23. Relatively significant external inputs will be required to achieve the Government's objectives, especially in the areas of health and drinking water supply. However, available general resources are sufficient to cover the start-up phase of the programmes. Although the communities' contribution towards operating expenses will increase each year owing to the increase in coverage quotas and improvements in the cost-sharing system, programme expansion will depend essentially on the mobilization of supplementary funds beginning in 1992.

Health

24. UNICEF will support efforts to increase immunization coverage and the health service utilization rate to help to reduce MMR and IMR. The two projects in this programme are EPI and the integrated PHC programme.

Expanded programme on immunization

25. Between now and 1995, in seven provinces a target population of about 500,000 children aged 0 to 11 months will be immunized against EPI diseases, and a target population of about 3 million women of child-bearing age (from 15 to 49 years old) will be immunized against tetanus. To achieve and maintain immunization coverage at 80 per cent, it will be necessary (a) to increase the number of fixed vaccination centres from 600 to 800 by 1995 through the provision of adequate cold-chain and vaccination equipment; (b) to vaccinate routinely target populations whenever they have contact with a health unit; (c) Actively to seek out target populations with the cooperation of the local population; and (d) to increase utilization of vaccination services through social mobilization of the population. It will also be necessary to streamline essential treatment, establish decentralized resource-management mechanisms and implement a PHC programme to integrate immunization activities with other essential services.

The integrated primary health care project

26. This will form part of the new national policy for reorienting PHC within the context of the Bamako Initiative. Implemented in seven provinces, it will help on a limited scale (in 158 health areas serving a population of 1,580,000) to increase the effectiveness and efficiency of the health system, complementing similar operations already under way. The rate of expansion will be evaluated every year in the light of the progress made and the funds available.

27. The main areas of concentration will be:

(a) Strengthening the health system by integrating immunization with ordinary care, CDD, nutrition activities and other interventions to reduce maternal morbidity;

(b) Giving special attention to supplementing the activities of the Global Programme on AIDS, coordinated by the World Health Organization (WHO) and already assisted by a number of national and international agencies and institutions;

(c) Monitoring PHC service coverage semi-annually to identify operational problems and take corrective action as needed;

(d) Encouraging communities to organize themselves by establishing management and health committees;

(e) Promoting the rational use of essential drugs under their generic names to minimize costs and establishing a drug supply and management system to ensure that essential drugs are always available in the health centres.

28. Management materials will be made available to health workers and to members of management committees, while training activities will be organized at all levels to cover the needs of 158 health areas by 1995. Other specific support activities, such as supervision, social mobilization and operational research, will also be carried out to facilitate implementation. To foster self-sufficiency, co-financing machinery will generate financial resources that will then be held and managed locally by the management committees. Management committees will also play key roles in monitoring PHC coverage and in helping to integrate health and development activities.

Drinking water, sanitation, hygiene and the elimination of dracunculiasis

29. This programme includes a project on safe drinking water supplies, sanitation and hygiene in rural areas of the southern province and a project to eliminate dracunculiasis in the department of Mayo Sava in the far north.

30. To provide drinking water for 100,000 persons in rural areas of the southern province, 200 wells will be dug and equipped with hand-pumps and 600 members of village water-point management committees, 30 local government technicians and 40 pump repairmen will be trained and supervised. The repairmen will be paid from funds collected locally, thus reducing the Government's share of recurrent costs. The sanitation component will involve the digging of 200 school latrines and 200 household latrines by 30 trained masons, using local materials whenever possible. The hygiene component will consist of organizing the population into water-point committees and providing health education for committee members.

31. The project in the far north, designed to eradicate dracunculiasis in Cameroon by 1993, will provide safe drinking water supplies to 35 villages and build 50 simple sanitation systems for community and individual use in the department of Mayo Sava. The population will also be taught about basic sanitation and maintenance of a safe drinking water supply.

Education

32. This programme falls within the context of the recommendations of the World Conference on Education for All and relates to basic education, both formal and non-formal. Designed to have a direct and measurable impact on early childhood education, school enrolment rates for girls and women's education, it consists of a project on education and school activities to improve sanitary conditions and a women's education project.

33. The project on education and school activities to improve sanitary conditions seeks to use and develop the potential and capacities of the school network, including parents, for health-education activities. UNICEF will support training and refresher courses in health education for the staff of

medical and health authorities, for 1,000 primary schoolteachers and approximately 5,000 parents.

34. The women's education project is designed to give women (especially in rural areas) in four provinces a non-formal, functional education in income-generating activities and simple and appropriate technologies, thus enabling them to perform their household tasks more effectively. Women will receive education concerning child health and nutrition; they will also be made aware of the importance of schooling for girls. The school enrolment rate for girls will be thoroughly studied to identify factors that affect it and to propose ways to increase the number of girls attending school. The project will also support the operation of 10 experimental crèches (special places for early learning and socialization) in social centres, where the children of very poor women living in urban areas can be cared for while their mothers receive training.

Social mobilization

35. The new programme will emphasize three elements of social mobilization - advocacy, health education and community participation - to ensure the participation of all sections of society in promoting development.

36. Advocacy for decentralization and community participation policies will be carried out among decision makers, members of Government and Parliament, local authorities and non-governmental organizations (NGOs), international organizations and charitable organizations working in Cameroon. Attempts will be made to put their experience to use and to establish multisectoral structures for informing, sensitizing and motivating the population.

37. Health education will be directly integrated into the sectoral programmes: integrated EPI/PHC; water supply and sanitation; and basic education. UNICEF will support the Government in its efforts to strengthen the health-education services of the Ministry of Health and to secure better cooperation with other ministries (including the Ministries of Information, Education, Agriculture and Social Affairs/Status of Women).

38. Community participation in the management of integrated PHC programmes, water points and basic education services will be generated through the use of traditional channels of communication represented by the traditional chiefs, professional, cultural and women's associations as well as temples, mosques and churches. The programme will support the production of radio and television programmes and educational materials and will contribute to establishing a system for monitoring and evaluating these promotional and educational activities.

Monitoring and evaluation

39. Monitoring and evaluation are essential to the implementation of the programme, and will be carried out jointly by the Government and UNICEF according to the identified indicators. The methodologies, means and

indicators have been defined at the level of each programme component. Annual reviews of each component will facilitate any necessary adjustments to the plans of action. Provision has also been made for internal and external evaluation. A coordinating committee will be formed, composed of representatives (at the director level) of the Ministries concerned and UNICEF staff, and presided over by the Director of Planning, Ministry of Planning and National and Regional Development. It will meet once a year to review implementation of the programme, identify obstacles and propose solutions. An overall programme evaluation will be carried out during the final year.

Collaboration with partners

40. The programme will continue existing collaboration with all partners and will seek to strengthen the coordination of various interventions to maximize resources and benefits. In the field of health, the main partners will be WHO, the United Nations Population Fund, the European Community, the World Bank, the African Development Bank, voluntary organizations such as those from France, Germany, the Netherlands and the United States of America and a number of church-based groups. UNICEF will continue to participate in the donor meetings organized by the Ministry of Health, which all current donors attend. The United Nations Educational, Scientific and Cultural Organization, the Canadian International Development Agency and the World Bank are the main partners for the basic education programme. The other partners are the Cooperative for American Relief Everywhere, Inc. and various NGOs that operate, inter alia, in the areas of drinking water supply, health and community organization.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Cameroon (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	150	(1989)	Very high U5MR
Infant mortality rate	92	(1989)	Very high IMR
GNP per capita	$ 1010	(1988)	Lower-middle GNP
Total population	11 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	288	391	458	529
Infant deaths (under 1)	(thousands)	37	42	45	49
Under-five deaths	(thousands)	60	68	74	79
Under-five mortality rate (per 1,000 live births)		210	175	162	150
Infant mortality rate (under 1) (per 1,000 live births)		128	107	99	92

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1978/1987)	Moderate & severe	17a/	..
	Severe	..	..
Babies with low birth weight (%, 1979/1985)		11	13
Children completing primary level (% of first grade, 1980/1988)		..	67

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1978/1985)		92/ 90/ 77	../../..
Prevalence of wasting (%, 1978/1985)		2	..
Prevalence of stunting (%, 1978/1985)		43	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		93	88
Food production per capita index (Index 1979-1981=100, 1980/1989)		99	95
Household expenditure (% of total income, 1980-1985)	All food/cereals		24/ 8

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			24
Access to health services	Total	..	41
(% of population, 1980/1985)	Urban/rural	../..	44/ 39
Access to safe water	Total	26	33
(% of population, 1980/1985)	Urban/rural	../..	43/ 24
Access to adequate sanitation	Total	..	46
(% of population, 1980/1985)	Urban/rural	../..	100/ 1
Births attended by trained personnel (%, 1980/1987)		..	..
Maternal mortality rate (per 100,000 live births, 1978/1987)		300	..

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	8	77	69	..
	DPT	5	50	53	..
	Polio	5	43	51	..
	Measles	16	39	48	..
Pregnant women (%) immunized against	Tetanus	..	8	32	..

TABLE 1 (continued)

Cameroon

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1987)	Total	104/ ..	111/ 80
	Male	113/ ..	119/ 85
	Female	94/ ..	102/ 74
Secondary enrolment ratio (gross/net) (%, 1980/1987)	Total	19/ ..	27/ ..
	Male	25/ ..	33/ ..
	Female	14/ ..	21/ ..
Adult literacy rate, 15 years & older (%, 1970/1985)	Total	33	48
	Male/female	47/ 19	61/ 36
Radio/television sets (per 1,000 population, 1980/1988)		122/0	126/12

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	6.6	8.7	10.1	11.4	16.7
Population aged 0-15 years	(millions)	..	3.8	4.8	5.6	6.7
Population aged 0-4 years	(millions)	..	1.5	1.9	2.2	2.5
Urban population (% of total)		20	32	36	40	51
Life expectancy at birth (years)	Total	44	49	51	53	59
	Male	42	47	50	52	57
	Female	45	50	53	55	60
Total fertility rate		6.3	6.7	6.8	7.0	6.5
Crude birth rate (per 1,000 population)		46	46	47	48	46
Crude death rate (per 1,000 population)		21	18	16	14	11

		About 1980	Most recent
Contraceptive prevalence rate (%, 1978/1987)		2	..
Population annual growth rate (%, 1965-1980/1980-1989)	Total	2.7	3.1
	Urban	8.1	5.8

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1988)		2.4	3.0
Inflation rate (%, 1965-1980/1980-1988)		9	7
Population in absolute poverty (%, 1979/1988)	Urban/rural	15/ 40	../ ..
Household income share (%, 1977/1988)	Top 20%/bottom 40%	../..	../ ..
Government expenditure	Health/education	5/ 12	4/ 13
(% of total expenditure, 1980/1987)	Defence	9	8
Household expenditure (% of total income, 1980-1985)	Health/education		7/ 4
Official development assistance: (1980/1988)	$US millions	265	286
	As % of GNP	4	3
Debt service (% of goods & services exports, 1980/1988)		10	12

a/ Aged 3-47 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1986-1990

(In thousands of United States dollars)

COUNTRY: CAMEROON
LATEST BOARD APPROVAL: 1986
GENERAL RESOURCES: $2,747,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	1945	129	202		199		209	36	2555	165	2720
Water supply and sanitation	6	1030	8	11	116		28	254	158	1295	1453
Community organization and development	38		68				25		131		131
Women-centred programme	341		29				23		393		393
Emergency	26	199				3		2	26	204	230
Planning and project support	535	5	3		379		282	1	1199	6	1205
Freight	275	103							275	103	378
GRAND TOTAL	3166	1466	310	11	694	3	567	293	4737	1773	6510

GR = General resources.
FSF = Funded supplementary funding.

TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: CAMEROON Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health	GR	458	425	430	500	550	2363
	FSF	514					514
	NSF	236	284	1223	639	538	2920
Water supply and sanitation	GR	100	240	240	150	100	830
	FSF	617	200				817
	NSF	410	360	360	360	360	1850
Education	GR	252	145	140	160	160	857
	NSF		110	120	190	160	580
Social mobilization and advocacy	GR	116	96	86	96	86	480
	NSF	55	60	60	60	80	315
Programme support	GR	54	74	84	74	84	370
TOTAL	GR	980	980	980	980	980	4900
	FSF	1131	200				1331
	NSF	701	814	1763	1249	1138	5665
GRAND TOTAL		2812	1994	2743	2229	2118	11896

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: CAMEROON	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	3	776
Local national Professional and General Service established posts	12	828
Operating costs		835
Total	15	2439
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	2	429
Supplementary funds	1	226
Local national Professional and General Service project posts		
General resources	10	616
Supplementary funds	3	168
Total	16	1439

a/ For information source, see 1992 post authorization table, dated January 1991.